Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/758434

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			15				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			15 minus 20=		* &			X\$ 9=		OR	X\$18=	Ð
INDEPENDENT CLAIMS			2 minus 3 =		*	Ð		X40=		OR	X80=	Ø
MULTIPLE DEPENDENT CLAIM PRESENT							Ì	+135=		OR	+270=	Ø
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL		OR	TOTAL	710.00
CLAIMS AS AMENDED - PART I											OTHER	THAN
					mn 2)	(Column 3)		SMALL E	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	- 01 4144	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	OLTIPLE DEF	PENDEN	CLAIM			+135=		OR	+270=	
							L	TOTAL			TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	,	ADDIT. FEE	·	1	ADDIT. FEE	
AMENDMENT B	ROK!	CLAIMS REMAINING		HIGH	HEST MBER] [ADDI-			ADDI-
		AFTER AMENDMENT		PREVI	OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	!
	Independent	*	Minus	***		<u> -</u>		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				T CLAIM		J	+135=			+270=	
							1	TOTAL		OR	TOTAL	
										OR	ADDIT. FEE	
		(Column 1) CLAIMS	1 (A) 10. A		mn 2) HEST	(Column 3)	1 ,			ì		
AMENDMENT C	3 6 W	REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X40=			X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		J ∤	7.10-		OR		
* If the entry in column 1 is less than the entry in column 2 write "0" in column 2								+135=	- -	OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		mber Previously F ther Previously Pa					er for	ınd in the aoı	oropriate bo	x in co	lumn 1.	